

RECORD  
THIS IS A PERMANENT RECORD  
DATE RETURN must be made for each, and  
der of birth, stated.

PLACE OF BIRTH **SUPPLEMENT ATTACHED**

**ARIZONA STATE BOARD OF HEALTH**

1. County of Gila  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_ No. 710 Wash Ave. St. \_\_\_\_\_ Ward) \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Tesdulo Lucero } If child is not yet named, make supplemental report, as directed

3. Sex of child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? yes 7. Date of birth February 17, 1923 (Month, day, year)

8. Full name Vicente Lucero FATHER 14. Full maiden name Lola Dominguez MOTHER

9. Residence Miami, Arizona 15. Residence Miami, Arizona (Usual place of abode)

**ARIZONA STATE BOARD OF HEALTH**

BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the original) SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. \*

Place of Birth Miami, Ariz County Gila No. 712 Church Hill St. \_\_\_\_\_

SEX OF CHILD\* Male Single or other? and Number in order of birth 4th

DATE OF BIRTH\* Feb. 17th 1923  
(Month) (Day) (Year)

FULL NAME Vicente Lucero FATHER  
FULL MAIDEN NAME Dolores Dominguez MOTHER

I HEREBY CERTIFY that the child described herein has been named Johnny D. Lucero  
(Give name in full) (Surname)

(Parent's Signature) Dolores Dominguez  
(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

5M 7/11/40

136-217-449

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